

# 2024 Medical plan benefit summary



## ● Connexus Gold HDHP 1600

	In network you pay	Out-of-network you pay
<b>Calendar year costs</b>		
Deductible per person	\$1,600	\$5,000
Deductible per family	\$3,200	\$10,000
Out-of-pocket max per person	\$4,150	\$10,000
Out-of-pocket max per family	\$8,050	\$20,000
<b>Care &amp; services</b>		
Preventive care visit	\$0/visit	50% after deductible
Primary care provider (PCP) office visit <sup>1</sup>	20% after deductible	50% after deductible
Specialist office visit	20% after deductible	50% after deductible
Urgent care visit	20% after deductible	50% after deductible
Virtual care visit – CirrusMD	\$0 after deductible	Not Covered
Other providers	20% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	20% after deductible	50% after deductible
Emergency room visit	20% after deductible	20% after deductible
Ambulance	20% after deductible	20% after deductible
Inpatient/outpatient Care	20% after deductible	50% after deductible
Outpatient mental health/ substance use disorder visit <sup>1</sup>	20% after deductible	50% after deductible
Physical, speech or occupational therapy visit	20% after deductible	50% after deductible
Acupuncture and spinal manipulation services	20% after deductible	50% after deductible
Pediatric vision exam	20% after deductible	50% after deductible
Pediatric vision hardware	20% after deductible	50% after deductible
<b>Prescription medications<sup>2</sup></b>		
Value	\$2	\$2
Select	25% after deductible	25% after deductible
Preferred	25% after deductible	25% after deductible
Non-Preferred	50% after deductible	50% after deductible
Preferred Specialty	20% after deductible	Not Covered
Non-Preferred Specialty	50% after deductible	Not Covered
<b>Features</b>		
Metallic level	Gold	
Exchange	Off	
Medicare Part D creditable	Not Creditable	
Provider network	Connexus	
Travel network	Aetna PPO	
Service area	Statewide	

<sup>1</sup> First 3 visits (including in person or virtual primary care visits and mental health and substance use disorder office visits) 0% coinsurance after deductible.

<sup>2</sup> One copay per 30-day supply. \$85 maximum per 30-day supply for insulin

## Limitations

- Acupuncture: 12 visits per year
- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications
- Biofeedback: Only for tension or migraine headaches or urinary incontinence. 10 visits per lifetime
- Coordination of benefits: When you have more than one health plan, combined benefits for all plans is limited to the maximum plan allowance for all covered services. If the group is less than 20 employees, any expense that is paid under Medicare will have benefits reduced by the amount Medicare paid
- Hearing aids: Once every 3 years. Hearing tests: Twice per year under age 4 and once per year age 4 and older
- Hospice respite care: 30 days per lifetime, up to five days in a row
- Infusion therapy: For some medications you must use an authorized provider. Outpatient hospital setting may not be covered
- Prescriptions: 30-day supply for standard retail and most specialty pharmacy. 90-day supply for mail order and participating retail
- Preventive care: Cost sharing may apply to services not required under the Affordable Care Act. Only women's exam, Pap test, mammogram, prostate exam and PSA test are covered out-of-network
- Rehabilitation and habilitation: 30 inpatient days and 30 outpatient sessions per calendar year. Extra rehabilitation up to 60 days after acute head or spinal cord injury or 60 sessions to treat neurologic conditions. Separate limits for rehabilitative and habilitative services.
- Skilled nursing facility: 60 days per year
- Spinal manipulation: 20 visits per year
- Transplants must be performed at the authorized transplant facility to be eligible for coverage
- Vision exam and glasses or contacts: Once per year for members under age 19

## Exclusions

- Care outside the United States, other than emergency care
- Charges over the maximum plan allowance
- Correctional services, including sheltered living and court-ordered anger management or sex offender treatment
- Cosmetic services and supplies (exception for reconstructive surgery if medically necessary and not specifically excluded)
- Custodial care
- Dental examinations and treatment except for accidental injury
- Experimental or investigational treatment
- Infertility (services or supplies to treat infertility, including reversal of sterilization)
- Injury you get from practicing for or participating in professional athletic activities
- Instruction programs, except under the outpatient diabetic instruction benefit
- Massage or massage therapy
- Naturopathic supplies. Includes herbal, naturopathic or homeopathic medicines, substances or devices and any other nonprescription supplements
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery except when medically necessary to repair an accidental injury or for treatment of cancer
- Self-treatment. Services you provide to yourself or services from a member of your immediate family (other than a dental provider)
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Temporomandibular Joint Syndrome (TMJ)
- Vision surgery to cure or reduce near-sightedness, far-sightedness or astigmatism

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This is a summary of the health plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.